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# VENEREAL DISEASE CONTROL OFFICE FOR THURINGIA

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I INTRODUCTION

The Office for the Control of Venereal Diseases for the State of Thuringia is located at Weimar. Professor J. Hamel, Director of the Skin and Venereal Disease Department of the University of Jena Medical School, is the advisory head. He formulates the professional directives dealing with the care of all venereal cases. He also examines the reports of attending physicians at the end of each course of treatment with the view to assuring a proper amount of treatment without overtreatment. The names of all persons applying for marriage certificates are referred to this office; if an applicant is found to have been treated for a venereal disease, Dr. Hamel examines the records and passes upon the issuing of certificates. The applicant must have had 4 negative Wassermanns and one negative spinal test during the first year after cessation of treatment and two consecutive negative Wassermann tests during the second year.

The administrative work of the office is carried on by a chief clerk and four assistants.

II METHOD OF CARD-INDEX CONTROL OF PATIENTS

This office appeared to have an excellently organized system of indexing for continuous control of each case of venereal disease.

The records of gonorrhea cases are kept in inactive and active groups. All cards of patients under treatment are examined once weekly and notations of progress or cure are made. If the physician fails to report once weekly he is checked by telephone or card.

Cases of mixed infection with syphilis and gonorrhea appear both in the files for syphilis and for gonorrhea and also in a special file. When reported cured of gonorrhea, they are carried only in the syphilis file. All cases in the mixed infection file are re-checked every three weeks for continuance of treatment since these cases were considered to be the commonest cause of spread of the diseases.

A separate file is maintained for cases of congenital syphilis. These cases are treated over a period of years and are checked for progress every three months. The cards of active syphilitic cases are filed according to the stage of infectivity and chronicity. Primary and secondary syphilis fall into one group, latent and tertiary syphilis into a second group and paresis into a third group. A very careful check on group one is made weekly by contacting the attending physician. Patients in the infective stage failing to continue treatment are immediately (within 24 hours) taken to a designated



clinic and locked up until beyond this stage. Males and females are indexed on different cards.

Records of "cured" inactive cases are controlled for one year to assure that the patient has a Wassermann test every 3 months and one spinal fluid test during the first year, and two blood tests during the second year. If all tests during these two years are negative, the case is considered cured. Recurrence of a positive Wassermann test calls for two courses of arsenic and bismuth and then two years of negative reports before considered cured. If the spinal fluid becomes positive at any time treatment is continued according to the special advice of the director, Dr. Hamel. It appears from the above that each case while under active treatment and during the two years following the end of treatment, is under constant supervision by not only a clerical staff but also a trained syphilologist who dictates or at least supervises the treatment to be used by the private or clinic physician.

### III THE ANNUAL REPORT

An annual report is made to the Central Office for Control of Venereal Diseases in Berlin and to the Governor of the State of Thuringia. It gives the total number of consultations held, the total number of cases recorded in each sex in various age groups together with the different stages of each disease. The number of injections with the total amount of the different drugs is also given. No comparison of results following the use of different anti-syphilitics is attempted. This phase of venereal disease control is left to specially trained personnel in designated clinics. There is also a detailed report of all laboratory work done and a summary of social service work by the police department. Estimates on the spread of venereal disease are also given.

Appendix 9 is a report of the activities of this office for the calendar year of 1943. The following items are reported upon:

a. Number of new cases of syphilis and gonorrhea found in the Skin Clinic at Jena.

b. Number of Chediak and Wassermann tests in entire Thuringia. It is to be noted that the slide flocculation test known as the Chediak test is used. In the 58,757 such tests, 220 were positive. The latter group were controlled by Wassermann tests and found without exception to be positive. The Director felt that the Chediak test for syphilis was reliable and saved a great deal of time; if doubtful results were obtained, the Wassermann test was used as a check. The Kahn test was not used as it was considered too sensitive.

c. Number of reports of venereal diseases of all kinds made by physicians, hospitals, the military services, the Krankenkassen and infected individuals themselves.





Nation- ality	No. of Cases	Lues I	Lues II	Latent Lues	Lues III	Con. Lues	Per- esis	Lues & Gon	Gono- rrhea	Ulcus Molle
------------------	--------------------	-----------	------------	----------------	-------------	--------------	--------------	------------------	----------------	----------------

Polish	28	1	3	7	2	-	-		15	
Russians	63	4	7	26	7	6			15	
Ukrainians	9	3		3	0	-	1		2	
Italians	17	4	1	4	2	-		3	3	
Balkan Nat	19	2	1	1	0	-		-	15	
Western )	175	21	17	14	1	-	2	3	166	1
Europeans)										
Foreign)	6	1	1	2	1			1		
Germans)										
Wehrmacht	121	20	6	6	9	1		4	81	
Bombed )	78	6	12	35	2	0	2	1	20	
out )										
Refugees)										

These figures may be considered a true index of the prevalence of venereal diseases since all these units were under police or military supervision at all times.

#### V. CONTROL OF RECALCITRANT PATIENTS

Physicians are supposed to report all cases of venereal disease even though the reporting of such diseases is not compulsory according to the laws of the individual state or of German as a whole. However, the mechanism of control exercised by this office virtually amounts to a functioning under law. The office is located in the headquarters building of the state police and policemen or women in plain clothes are used to bring in recalcitrant patients. To give further official weight to this method of control, questionnaires regarding progress and cure of VD are sent out under the signature of the Governor and the Secretary of State of the State of Thuringia.

Efforts are made to have patients resume treatment within 5 days by sending out apolite letter telling them of the dangers of neglecting the disease and the advantages to the patient and his contacts if properly treated. A sample letter is attached, marked Appendix 7.







B. Standard Treatment of Syphilis.

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1. Fresh syphilis with darkfield positive and Wassermann test negative.
  - a. Neosalvarsan. Two courses of 12 I.V. injections (0.6 gm each injection) in first six weeks.
  - b. Bismuth - Simultaneously with the neosalvarsan, one course of bismuth intramuscularly for a total of 12 injections.
  - c. Rest period of 6 weeks, then begin with the above courses of As & Bis, alternating with rest periods of 6 weeks until Wassermann and spinal fluid both are negative.
  - d. Three course of As and Bis. in 12 months usually suffices for a serological cure.
2. Fresh syphilis with both darkfield and Wassermann positive. Same routine as in (1) but usually lasting 18 to 24 months.
3. Latent Syphilis  
Alternating courses of treatment and rest as in (1) for 24 months, or until serological and spinal fluid tests become negative.
4. Paresis.

As given by I.V. injection and Bis. by I.M. injection, alternating with rest periods as in (1) following fever from malaria which is induced by the bite of an infected mosquito. Direct injection is preferred to the injection of infected blood because the reaction is more uniform.

5. Period of Observation.

At the conclusion of treatment Wassermann tests are made every three months during the first year; at the end of the first year the spinal fluid is tested. During the second year the blood test is done during the 6th and the 12th month.

A positive report at any time calls for resumption of treatments which generally means two or more courses of As. and Bis.

All tests being negative at the end of two years of observation following the cessation of one years treatment, the case is considered definitely cured. Marriage is allowed for such "cured" cases.

No penicillin had been used.

VII. CONCLUSIONS:

The Office for Control of Venereal Diseases at Weimar is well directed and functions in a satisfactory manner. The standard of treatment, the requirements for cure, the issuing of marriage certificates and the follow-up of the so-called cured cases are satisfactory. The control of refractory patients, although not supported by law, is quite good.

Some doubt exists about the reliability of using Chediak slide tests to diagnose syphilis even though positive or doubtful findings are controlled by Wassermann tests. It is possible that some cases are missed by the Chediak test.

Syphilis occurs in 0.01% of all German civilians and in 1.30% of displaced persons of all nationalities in the state of Thuringia. There has been a 35% increase in syphilis in Germans from 1943 to 1944; however, the comparison of 1944 with 1940 show only a 25% increase. Gonorrhea shows a 28% increase from 1940 and from 1943.

Between 18 and 20% of the total number of cases of gonorrheas and of syphilis are never reported and they account for many relapses and the spread of infection.



A P P E N D I X 1

First Report by Physician in Case of Syphilis  
(To be sent in on first day of treatment)

Please underline: 1st Cure Repeater Cure

First and last name, for single, married, separated,  
widowed, divorced. Women also maiden name.

\_\_\_\_\_, born on \_\_\_\_\_ in \_\_\_\_\_  
(absolutely required)

Occupation \_\_\_\_\_ Place of residence and street \_\_\_\_\_

Member - Family Member of the _____ Ill-	Bearer of Costs (Exact information!)
ness Insurance at _____	Illness Insurance _____
Received pay- _____	Provincial-District-Welfare Organ-
ment in full since _____	ization _____ (statement as to
Discontinued since _____	taking over of costs is included).
	Patient pays costs himself _____.

1. When infected? \_\_\_\_\_
2. Present clinical symptoms of disease? \_\_\_\_\_ Reflexes \_\_\_\_\_  
Stage? I, I/II, II, lat., III, congen. Syph. Concomitant  
gonorrhea? yes \_\_\_\_\_ (Underline pertinent data)  
no \_\_\_\_\_  
Weight of patient: \_\_\_\_\_ kg. Urine: \_\_\_\_\_  
Is there another grave disease, such as cancer,  
adv. tubercul.? \_\_\_\_\_  
Women: Date of last menstruation? \_\_\_\_\_ Pregnancy? \_\_\_\_\_  
(Month? \_\_\_\_\_).
3. In primary effect: Was Spiroch. pall. looked for? Yes \_\_\_\_\_ NO \_\_\_\_\_  
Found? Yes \_\_\_\_\_  
No \_\_\_\_\_
4. Blood tested on \_\_\_\_\_ Wa.: \_\_\_\_\_ M.T.R. \_\_\_\_\_
5. Beginning of treatment on \_\_\_\_\_. Probable duration of  
cure \_\_\_\_\_ weeks.
6. Source of infection Certain \_\_\_\_\_ }  
Probable \_\_\_\_\_ } in - not in  
(Personal data as exact as possible) \_\_\_\_\_ } treatment  
Infected or endangered by patient? \_\_\_\_\_ }
7. Endangered relatives (wife or husband, parents, children)  
examined--called for examination? Yes--No--Result? \_\_\_\_\_
8. To which address should letters be sent? \_\_\_\_\_  
Place \_\_\_\_\_, Date \_\_\_\_\_ 194 \_\_\_\_\_  
A.Z. \_\_\_\_\_

Stamp or legible signature of  
physician

Entered in statistics \_\_\_\_\_ in physician's files \_\_\_\_\_ card file  
slip. Fee: 2 Marks







## APPENDIX 4

Reichsstatthalter (Reich-appointed  
governor) of Thüringen.

Secretary of State and Director of  
the Ministry of the Interior of  
Thüringen.

Weimar, \_\_\_\_\_  
Erfurter St. 38.

Questionnaire to be used in treatment - observation of  
gonorrhea. (Please answer immediately if possible).

File No. \_\_\_\_\_ Concerning \_\_\_\_\_

QUESTION:

ANSWER:

1. Has patient reported to you after being transferred to you from municipal - state hospital, from clinic in \_\_\_\_\_? Yes, on \_\_\_\_\_ No, he must be warned.
2. Patient has been treated by you since \_\_\_\_\_; received check-up examination. What is his present condition? Patient comes regularly; treatment must continue probably for \_\_\_\_\_ weeks, check-up examinations to continue for \_\_\_\_\_ weeks. Patient failed to return since \_\_\_\_\_. Warning required. Dismissed as cured on \_\_\_\_\_. Final report inclosed, to follow.
3. Patient has been observed by you since \_\_\_\_\_ because of suspected gonorrhea. What is his condition? Observation concluded after \_\_\_\_\_ examinations. Suspicion (was not correct. (was Observation is still in progress. Patient failed to return since \_\_\_\_\_. Warning necessary.

For additional remarks use  
rear of sheet.  
Free mailing envelope inclosed.

Pertinent data have been  
underlined.

A.A. Säuberlich

M.D.

Physician's stamp

To Mr. \_\_\_\_\_  
\_\_\_\_\_  
M.D.  
in \_\_\_\_\_

Reichsstatthalter in  
Thüringen. Secretary of  
State and Director of  
Ministry of Interior of  
Thüringen.

Weimar,  
Post Box 368















APPENDIX 9

Report by the Thüringen Ministry of the Interior (Sect. Health and Welfare) in Weimar and by the Thüringen Principal Consultation Office for Skin and Venereal Diseases, Jena, University Skin Clinic, on the Results of the Year 1943.

After the medical tasks of the "Gesellschaft zur Bekämpfung der Geschlechtskrankheiten in Thüringen" ("League for the Control of VD in Thüringen") were taken over 1 April 1943 by the Thur. Ministry of the Interior (Section Health and Welfare), the principal attention was again turned to the inclusion of all patients with VD in Thüringen, provisions were made for their treatment and observation, and special efforts were made to reach all sources of infection.

#### Chief counselling office:

The chief counselling office at Jena furnished counsel in 1162 (1049) first and 130 (101) repeated consultations; among these, 116 (132) cases of syphilis and 310 (197) cases of gonorrhea were identified for the first time. In 1943, a total of 53756 (66194) Chediak examinations were performed; among these positive Chediak and positive Wassermann were found in 220 (431) cases. Of these 220 (431) syphilitics 26 (15) were previously known, 194 (416) are newly recorded cases.

#### Reports:

The total number of reports sent in was.....	3300 (2736)
of these were sent in by physicians.....	2001 (1756)
by hospitals, including the Skin clinic, Jena.....	581 (495)
by sickness insurance agencies.....	13 (13)
by the Army.....	306 (215)
by other offices (health offices).....	241 (153)
indiv. reporting themselves as main consult, office..	158 (104)

Of these 3300 (2736) persons reported, 518 (463) were eliminated from the very start as not having VD (consultation cases), and 169 (123) for other reasons (double counts).

#### New cases:

Thus there remain 2782 (2274) patients with VD. Taken over from preceding years were 2231 (1770). Thus 5013 (4044) persons were in treatment or under supervision during the year of this report.

Among the 2782 (2274) new cases were:

1133 men,  
1602 women, and 47 children up to 14 years of age.

Their distribution is as follows:

Acc. to the nature of the disease:

	men	women	children	total	(1944)
fresh syphilis.....	136 (94)	372 (196)	2 (1)	410 (291)	( 737
recidivations.....	- (-)	-	-	- (-)	(
latent syphilis.....	272 (273)	440 (403)	- (-)	712 (676)	( 729
late sequelae (tabes, paral.)	10 (23)	2 (1)	- (-)	12 (24)	( 7
congenital syphilis..	4 (31)	25 (36)	19 (20)	48 (89)	( 55
	492 (421)	739 (536)	21 (21)	1189 (1080)	(1519
gonorrhea, acute.....	587 (402)	576 (468)	23 (12)	1186 (882)	(1346
gonorrhea, chron.....	105 (56)	370 (221)	2 (5)	377 (282)	( 487
	592 (458)	946 (689)	25 (17)	1563 (1164)	(1833
syphilis & gonorrhea.	12 (6)	18 (20)	- (-)	30 (26)	(22
soft chancre.....	- (2)	- (1)	- (-)	- (3)	(
lymphogranuloma ing..	- (1)	- (-)	- (-)	1 (1)	( 3
	1133 (888)	1603 (1346)	46 (38)	2782 (2274)	(3376

Cases of new syphilis increased both for men and women. Cases of latent syphilis remained approx. the same in men; in women they increased.

Among the total of 1189 (1080) newly recorded cases of syphilis there were 250 (335) non-Germans, Germans from foreign countries, bombed-out persons, and members of the armed forces, so that in contrast to the preceding year (745) there is an increase to 939 syphilis patients in Thüringen (i.e. approx. 200 cases more).

The cases of acute and of chronic gonorrhea increased considerably both in men and in women.

Among the 1563 (1154) gonorrhea patients there are 340 (179) non-Germans, Germans from foreign countries, bombed-out patients, and members of the armed forces, so that in contrast to the preceding year (985) there is an increase to 1223 gonorrhea patients, i.e. approx. 250 cases more.

The number of patients affected simultaneously with syphilis and gonorrhea rose from 26 to 30. Among these are again 12 non-Germans, Germans from foreign countries, etc., so that the status remained about equal to that of the preceding year.



# Supervision:

Of the 5013 (4044) persons under supervision during the year, the following were omitted from the lists:

by transfer to other public health offices (moving)...271 (265)  
because of death..... 45 ( 40)  
released either as cured or as being no longer in need  
of supervision or for other reasons.....1892 (1507)  
2208 (1813)

so that by the end of 1943 2805 (2231) gonorrhea patients remained under the care of public welfare.

# Syphilis treatments.

A total of 3722 (3204) courses of syphilis treatment were administered; of these 1168 (1087) were 1st courses, 849 (750) 2d courses, 492 (305) 3rd courses, 465 (329) 4th courses, and 709 (546) 5th and more courses. 278 (186) syphilis patients received in 1943 only one course, 1145 (967) two, 832 (317) three, and 87 (54) four and more courses.

# Sources of infection:

The following were reported as sources of infection:

	GNORRHEA	SYPHILIS	SYPH & GON	SOFT CH.	TOTAL
by physicians....	336 (346)	340 (304)	- (8)	-(1)	676 (659)
by health & other gov. offices.....	414 (338)	108 ( 69)	9 (6)	-( )	531 (413)
	750 (684)	448 (373)	9 (14)	-(1)	1207 (1072)
these include:					
by husb. or wife:	174 (134)	178 (105)	1 (1)	-( )	353 ( 240)
by fianc(e).....	3 ( 27)	1 ( 9)	- (1)	-( )	3 ( 35)
occas. acquaint..	553 (513)	269 (170)	8 (13)	-( )	790 (696)
extra-genit.inf.of adults	1 ( 1)	- ( -)	-	-( )	1 (1)
children	- ( 8)	- ( 2)	- ( )	-( )	1 (10)
congenit.syphilis and blennorrhoea..	20 ( 2)	40 ( 87)	- ( )	-( )	60 (89)
	750 (684)	448 (373)	9 (14)	-(1)	1207 (1072)
No information fr. infected person	483 (373)	268 (273)	15 (17)	-(2)	776 (645)
unknown.....	282 (135)	120 (70)	6 (3)	-( )	410 (208)
	1515 (1173)	836 (715)	32 (33)	-(3)	2393 (1925)

468 (311) individuals reported as sources of infection were already in medical treatment. 230 (221) of these were in public welfare. 238 (90) were unknown until the present here. 1223 (1062) were not yet in treatment; the results of the medical examinations were recorded statistically in these 1223 (1062) cases.

524 (467) persons had VD, i.e. 43% (45.5%), 112 (113) persons were not identified or the reporting of these took place elsewhere. 587 (446) were, inasmuch as they lived outside of Thuringen, transferred to the pertinent health offices, resp. the armed forces.

Besides these sources of infection, 260 (366) persons were contacted as being endangered and submitted to physical examination; of these 88 (91) were affected with VD, 45 (53) could not be determined, and 147 (222) were transmitted to the armed forces and to health offices outside of Thuringen.

#### Reports on failure to submit to treatment:

Physicians reported 409 (581) failures to submit to treatments. On basis of inquiries from here to the physicians an additional number of about 4500 failures to submit to treatment at the proper time were recorded.

#### Follow-up notifications:

A total of 4015 (3633) cases presented themselves for check-up examinations or resumption of treatment; notification were sent in case of treatment 3738 (3363), in case of observation 2486 (2005) times, i.e. a total of 6224 (5368) times. One notification was sent to 4692 (4114) persons, two and more notifications to 1532 (1254) persons. In 3160 (2860) cases on notification was sufficient to induce the patient to present himself to the physician.

677 (479) patients were reported to the health bureaus after notifications were in vain. Thus an approx. total of 94% (90%) of all overdue patients were persuaded to come to the physician without resorting to the health bureaus, and the latter had to enter into the picture in only about 5% of the cases. Moreover, however, 356 overdue patients from foreign countries were reported to the health bureaus for instruction to visit the physicians, as in these cases instruction from this office is impossible. The number of such warning notifications has increased in contrast to the preceding year, as a large number of patients, esp. women are working now, as the physicians are overburdened and thus patients must expect a long wait in the physicians' offices, and as, above all, the largest number of the foreign patients may be persuaded to visit a physician



only by means of special notifications.

#### Young patients:

The number of children and younger individuals with first infections was 467 (515), of which 80 (123) were male and 396 (392) female. Up to the age of 16 yrs., there were 52 (55); from 16 - 18, 76 (86), of which 11 (25) were male and 65 (61) female; in the age range from 18 - 21 yrs. there were 348 (377), of which 51 (77) were male and 297 (300) female.

In the first 2 yrs. of age, 10 (8) children were found with congenital syphilis, in the age range from 2 - 6, 2 (1).

Gonorrhea predominates with 281 (301) cases, acquired syphilis constitutes 148 (138) cases, congenital syphilis 35 (70) cases, syphilis and gonorrhea 12 (6) cases.

#### Costs:

Costs were borne in 13 cases for the State Welfare Organization of Thuringen (Landesfürsorgeverband) according to paragr. 2, sect. 2 of the law concerning patients with VD.

#### Compulsory hospital section for asocial patients:

61 (79) patients were placed for periods of up to 3 months in the section for asocial women with VD, which is a part of the Thüringer Landesheilanstalten at Stadtroda.

#### Inquiries for reasons of racial hygiene:

The Thuringen Health Bureaus made inquiries in 21780 (22527) instances during 1943 for the sake of obtention of marriage loans, testimonies for marriage suitability, loans to families with a large number of children, rural settlement allotments, etc. In approx. 3.7% (3.6%) of the cases data on VD were available.

After the "League for the Control of VD in Thuringen" was dissolved, its work continued in a similar manner by the undersigned office. No difficulties have arisen, and it is to be hoped that the participating offices will continue to collaborate as before in the control of VD.

Ministry of the Interior of Thuringen  
--Section Health and Welfare --

Dr. Astel  
Staatsrat (state councillor)

Weimar, 31 March 1944.

Notarized:  
Gold (?)  
Employee.



#13,467  
Indexed

PLEASE RETURN PROMPTLY TO  
ROOM 326

War Dept., Combined Intelligence  
Objectives Subcomm. Report #70



Updated